



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

BIBDATASHEET**CONFIRMATION NO. 5449**

Bib Data Sheet

SERIAL NUMBER 10/041,688	FILING DATE 01/07/2002 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. LOMAU.143A
-----------------------------	---------------------------------------	--------------	------------------------	--------------------------------------

APPLICANTS

Yong Hua Zhu, Redlands, CA;

Wolff M. Kirsch, Redlands, CA;

Cindy Dickson, Mentone, CA; Min Di Gu, Nanjing, CHINA;

Chang Zheng Yang, Nanjing, CHINA;

Qun-Dong Shen, Nanjing, CHINA;

**** CONTINUING DATA ******* *OK*

This appln claims benefit of 60/306,572 07/19/2001

and claims benefit of 60/308,993 07/31/2001

and claims benefit of 60/337,662 11/07/2001

and claims benefit of 60/341,598 12/17/2001

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 03/13/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>John Smith</i> Initials				

ADDRESS

20995

KNOBBE MARTENS OLSON & BEAR LLP

2040 MAIN STREET

FOURTEENTH FLOOR

IRVINE, CA

92614

TITLE

Adhesive including medicament

<p>FILING FEE RECEIVED 942</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
<input type="checkbox"/> 1.18 Fees (Issue)								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								